

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.04063880
0.00000000**

Gross Claim	\$	3,208,729.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,208,729.36
YTD Amount:	\$	24,600,114.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.00011233
0.00000000**

Gross Claim	\$	8,869.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,869.28
YTD Amount:	\$	62,406.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00149494
0.00000000

Gross Claim	\$	118,036.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	118,036.41
YTD Amount:	\$	640,750.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00982802
0.00000000

Gross Claim	\$	775,993.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	775,993.78
YTD Amount:	\$	3,411,166.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00156172
0.00000000

Gross Claim	\$	123,309.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	123,309.17
YTD Amount:	\$	555,870.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00124462
0.00000000

Gross Claim	\$	98,271.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,271.82
YTD Amount:	\$	412,618.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.02063949
0.00000000

Gross Claim	\$	1,629,638.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,629,638.11
YTD Amount:	\$	12,492,183.95

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA

95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00145747
0.00000000

Gross Claim	\$	115,077.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,077.88
YTD Amount:	\$	549,339.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00568752
0.00000000

Gross Claim	\$	449,071.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	449,071.14
YTD Amount:	\$	1,936,527.19

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PAYMENT ISSUE DATE: 2/27/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.02522293
0.00000000

Gross Claim	\$	1,991,534.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,991,534.10
YTD Amount:	\$	15,262,142.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00140133
0.00000000

Gross Claim	\$	110,645.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	110,645.21
YTD Amount:	\$	512,624.88

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 2/27/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00996374
0.00000000

Gross Claim	\$	786,709.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	786,709.87
YTD Amount:	\$	3,098,079.42

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CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00984123
0.00000000

Gross Claim	\$	777,036.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	777,036.81
YTD Amount:	\$	3,230,658.41

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PAYMENT ISSUE DATE: 2/27/2014

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00190832
0.00000000

Gross Claim	\$	150,675.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	150,675.77
YTD Amount:	\$	686,459.01

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PAYMENT ISSUE DATE: 2/27/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA

95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.01717672
0.00000000

Gross Claim	\$	1,356,227.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,356,227.19
YTD Amount:	\$	10,394,241.88

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PAYMENT ISSUE DATE: 2/27/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00487519
0.00000000

Gross Claim	\$	384,931.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	384,931.77
YTD Amount:	\$	1,742,779.25

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00212481
0.00000000

Gross Claim	\$	167,769.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	167,769.23
YTD Amount:	\$	849,740.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 2/27/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00151665
0.00000000

Gross Claim	\$	119,750.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,750.57
YTD Amount:	\$	625,419.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.32535050
0.00000000

Gross Claim	\$	25,688,792.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,688,792.54
YTD Amount:	\$	196,965,603.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00481249
0.00000000

Gross Claim	\$	379,981.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	379,981.15
YTD Amount:	\$	1,683,406.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.01146042
0.00000000

Gross Claim	\$	904,883.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	904,883.66
YTD Amount:	\$	3,646,211.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00081417
0.00000000

Gross Claim	\$	64,284.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	64,284.65
YTD Amount:	\$	307,524.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00308743
0.00000000

Gross Claim	\$	243,775.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	243,775.10
YTD Amount:	\$	1,162,927.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00570071
0.00000000

Gross Claim	\$	450,112.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	450,112.58
YTD Amount:	\$	3,446,158.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.00089700
0.00000000**

Gross Claim	\$	70,824.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	70,824.69
YTD Amount:	\$	343,208.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00125416
0.00000000

Gross Claim	\$	99,025.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	99,025.06
YTD Amount:	\$	601,923.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.00836357
0.00000000**

Gross Claim	\$	660,364.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	660,364.79
YTD Amount:	\$	5,062,532.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00481594
0.00000000

Gross Claim	\$	380,253.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	380,253.56
YTD Amount:	\$	1,610,083.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00304804
0.00000000

Gross Claim	\$	240,664.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	240,664.97
YTD Amount:	\$	1,051,944.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.05494820
0.00000000

Gross Claim	\$	4,338,560.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,338,560.76
YTD Amount:	\$	33,194,199.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00356426
0.00000000

Gross Claim	\$	281,424.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	281,424.29
YTD Amount:	\$	2,155,404.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00130226
0.00000000

Gross Claim	\$	102,822.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	102,822.92
YTD Amount:	\$	402,525.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.03209715
0.00000000**

Gross Claim	\$	2,534,303.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,534,303.86
YTD Amount:	\$	19,418,248.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.03324084
0.00000000

Gross Claim	\$	2,624,606.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,624,606.52
YTD Amount:	\$	20,107,797.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00184003
0.00000000

Gross Claim	\$	145,283.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	145,283.78
YTD Amount:	\$	651,204.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.03571877
0.00000000

Gross Claim	\$	2,820,257.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,820,257.15
YTD Amount:	\$	21,589,626.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.06122250
0.00000000**

Gross Claim	\$	4,833,962.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,833,962.45
YTD Amount:	\$	36,947,079.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.06205137
0.00000000

Gross Claim	\$	4,899,407.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,899,407.77
YTD Amount:	\$	37,565,508.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.01405215
0.00000000

Gross Claim	\$	1,109,519.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,109,519.62
YTD Amount:	\$	8,496,040.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.00466930
0.00000000**

Gross Claim	\$	368,675.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	368,675.25
YTD Amount:	\$	2,825,995.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.01440573
0.00000000**

Gross Claim	\$	1,137,437.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,137,437.34
YTD Amount:	\$	8,719,578.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00860601
0.00000000

Gross Claim	\$	679,507.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	679,507.19
YTD Amount:	\$	5,208,950.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.03463767
0.00000000

Gross Claim	\$	2,734,896.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,734,896.42
YTD Amount:	\$	20,964,802.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00583403
0.00000000

Gross Claim	\$	460,639.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	460,639.17
YTD Amount:	\$	3,531,892.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00844936
0.00000000

Gross Claim	\$	667,138.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	667,138.53
YTD Amount:	\$	2,827,716.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00029524
0.00000000

Gross Claim	\$	23,311.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,311.35
YTD Amount:	\$	120,864.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00237359
0.00000000

Gross Claim	\$	187,412.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	187,412.23
YTD Amount:	\$	852,157.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.01197614
0.00000000

Gross Claim	\$	945,603.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	945,603.52
YTD Amount:	\$	4,317,492.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA

95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.01954303
0.00000000

Gross Claim	\$	1,543,064.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,543,064.61
YTD Amount:	\$	6,209,344.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.01140852
0.00000000**

Gross Claim	\$	900,785.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	900,785.78
YTD Amount:	\$	6,902,044.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00470644
0.00000000

Gross Claim	\$	371,607.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	371,607.73
YTD Amount:	\$	1,572,680.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00316110
0.00000000

Gross Claim	\$	249,591.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	249,591.87
YTD Amount:	\$	1,098,813.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00131981
0.00000000

Gross Claim	\$	104,208.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	104,208.62
YTD Amount:	\$	538,523.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.01017488
0.00000000

Gross Claim	\$	803,380.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	803,380.91
YTD Amount:	\$	6,151,005.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00244600
0.00000000

Gross Claim	\$	193,129.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	193,129.52
YTD Amount:	\$	860,737.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

**County/City Ratio: 0.01345719
0.00000000**

Gross Claim	\$	1,062,543.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,062,543.20
YTD Amount:	\$	8,144,128.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00370356
0.00000000

Gross Claim	\$	292,423.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	292,423.04
YTD Amount:	\$	2,241,145.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00384214
0.00000000

Gross Claim	\$	303,364.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	303,364.95
YTD Amount:	\$	1,303,655.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00122597
0.00000000

Gross Claim	\$	96,799.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	96,799.26
YTD Amount:	\$	740,901.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A

PAYMENT ISSUE DATE: 2/27/2014

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00556238
0.00000000

Gross Claim	\$	439,190.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	439,190.42
YTD Amount:	\$	3,361,699.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300262A
PAYMENT ISSUE DATE: 2/27/2014

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2014 TO: 2/15/2014

Total amount collected: \$78,957,286.10

Gross monthly apportionment: \$78,957,286.10

County/City Ratio: 0.00186412
0.00000000

Gross Claim	\$	147,185.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	147,185.85
YTD Amount:	\$	1,127,185.10